



**Department of Intellectual and Developmental Disabilities**  
**STUDENT INTERN PROGRAM PLAN**

Name: \_\_\_\_\_

**AREA OF INTERNSHIP:**

**MAJOR OBJECTIVE:**

**MAJOR RESPONSIBILITIES:**

- 1.
- 2.
- 3.

**TRAINING REQUIREMENTS:**

List any in-service training requirements during the internship.

List any general training about DIDD which will be required.

- 1.
- 2.
- 3.